(Requestor's Name)	
(Address)	600082261636
(Address)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	12/15/0601023020 **25.00
(Business Entity Name)	
(Document Number) pies Certificates of Status structions to Filing Officer:	OG DEC 15 PM 1:54 SECRENCET OF STATE TALLAHASSEELFLORIDA

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	SMTRONIX, LLC
	(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

M2 at (78(0) UUU-7376 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Filing Fee: \$25.00